

471-000-523 Nebraska Medicaid Practitioner Fee Schedule For Speech Pathology and Audiology Services

Payment for services as outlined in this fee schedule shall be made as outlined in 471 NAC 3-000.

The five-digit numeric codes included in the Schedule are obtained from the Physicians' Current Procedural Terminology (CPT®). CPT® is a listing of descriptive terms and numeric identifying codes and modifiers for reporting medical services and procedures performed by physicians. This Schedule includes CPT® numeric identifying codes for reporting medical services and procedures.

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Providers may notice a minor difference between the published payment amount on the fee schedule and the actual payment amount. The payment system uses seven decimal places in the reimbursement calculation, but the fee schedule publishes only the first two decimal places.

Rates effective July 1, 2016

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	NON-FACILITY RATE	FACILITY RATE
00092507		TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER; INDIVIDUAL				\$36.90	\$15.38
00092521		EVALUATION OF SPEECH FLUENCY				\$105.65	
00092522		EVALUATION OF SPEECH SOUND PRODUCTION				\$90.37	
00092523		EVALUATION OF SPEECH SOUND PRODUCTION WITH EVALUATION OF LANGUAGE COMPREHENSION AND EXPRESSION				\$183.47	
00092524		BEHAVIORAL AND QUALITATIVE ANALYSIS OF VOICE AND RESONANCE				\$87.37	
00092526		TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING		REQUIRES DOCUMENTATION INCLUDING DR. ORDER.		\$45.10	\$27.24

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CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	NON-FACILITY RATE	FACILITY RATE
00092540		BASIC VESTIBULAR EVALUATION, INCLUDES SPONTANEOUS NYSTAGMUS TEST WITH ECCENTRIC				\$14.76	
00092550		TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS				\$14.35	
00092551		SCREENING TEST, PURE TONE, AIR ONLY				\$14.35	
00092552		PURE TONE AUDIOMETRY (THRESHOLD), AIR ONLY				\$14.35	
00092553		PURE TONE AUDIOMETRY (THRESHOLD), AIR AND BONE				\$20.50	
00092555		SPEECH AUDIOMETRY THRESHOLD;				\$10.25	
00092556		WITH SPEECH RECOGNITION				\$20.50	
00092557		COMPREHENSIVE AUDIOMETRY THRESHOLD EVAL & SPEECH RECOG				\$45.10	\$41.89

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CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	NON-FACILITY RATE	FACILITY RATE
00092558		EVOLED OTOACOUSTIC EMISSIONS, SCREENING (QUALITATIVE MEASUREMENT OF DISTORTION PRODUCT OR TRANSIENT EVOLED OTOACOUSTIC EMISSIONS), AUTOMATED AN				\$16.40	
00092559		AUDIOMETRIC GROUP TESTING				\$14.35	
00092560		BEKESY AUDIOMETRY, SCREENING				\$8.20	
00092561		BEKESY AUDIOMETRY; DIAGNOSTIC				\$16.40	
00092562		LOUDNESS BALANCE TEST, ALTERNATE BINAURAL OR MONAURAL				\$6.15	
00092563		TONE DECAY TEST				\$6.15	
00092564		SHORT INCREMENT SENSITIVITY INDEX				\$6.15	
00092565		STENDER TEST, PURE TONE				\$6.15	

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CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	NON-FACILITY RATE	FACILITY RATE
00092567		TYMPANOMETRY (IMPEDANCE TESTING)		REQUIRES DOCUMENTATION		\$13.77	\$11.85
00092568		ACOUSTIC REFLEX TESTING; THRESHOLD				\$8.20	
00092570		ACOUSTIC IMMITTANCE TESTING, INCLUDES TYMPANOMETRY (IMPEDANCE TESTING), ACOUSTIC REFLEX THRESHOLD TESTING, AND ACOUSTIC REFLEX DECAY TESTS		REQUIRES DOCUMENTATION		\$16.40	\$15.46
00092571		FILTERED SPEECH TEST				\$6.15	
00092572		STAGGERED SPONDAIC WORD TEST				\$6.56	
00092575		SENSORINEURAL ACUITY LEVEL TEST				\$6.56	
00092576		SYNTHETIC SENTENCE IDENTIFICATION TEST				\$6.56	
00092577		STENGER TEST, SPEECH				\$6.56	

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00092579		VISUAL REINFORCEMENT AUDIOMETRY (VRA)				\$28.70	\$26.31
00092582		CONDITIONING PLAY AUDIOMETRY				\$12.30	
00092583		SELECT PICTURE AUDIOMETRY		REQUIRES DOCUMENTATION		\$12.30	
00092584		ELECTROCOCHLEOGRAPHY				\$55.35	
00092585		AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTING OF THE CENTRAL NERVOUS SYSTEM; COMPREHENSIVE				\$123.00	
00092585	26	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTING OF THE CENTRAL NERVOUS SYSTEM; COMPREHENSIVE				\$24.60	

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00092586		AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTING OF THE CENTRAL NERVOUS SYSTEM; LIMITED				\$110.70	
00092586	26	AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTING OF CNS, LIMITED (PROFESSIONAL COMPONENT ONLY)				\$20.50	
00092587		DISTORTION PRODUCT EVOKED OTOACOUSTIC EMISSIONS; LIMITED EVALUATION (TO CONFIRM THE PRESENCE OR ABSENCE OF HEARING DISORDER, 3-6 FREQUENCIES) OR				\$49.20	

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00092587	26	DISTORTION PRODUCT EVOKED OTOACOUSTIC EMISSIONS; LIMITED EVALUATION (TO CONFIRM THE PRESENCE OR ABSENCE OF HEARING DISORDER, 3-6 FREQUENCIES) OR				\$12.30	
00092588		DISTORTION PRODUCT EVOKED OTOACOUSTIC EMISSIONS; COMPREHENSIVE DIAGNOSTIC EVALUATION (QUANTITATIVE ANALYSIS OF OUTER HAIR CELL FUNCTION BY				\$71.75	

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CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	NON-FACILITY RATE	FACILITY RATE
00092588	TC	DISTORTION PRODUCT EVOKED OTOACOUSTIC EMISSIONS; COMPREHENSIVE DIAGNOSTIC EVALUATION (QUANTITATIVE ANALYSIS OF OUTER HAIR CELL FUNCTION BY				\$51.25	
00092588	26	DISTORTION PRODUCT EVOKED OTOACOUSTIC EMISSIONS; COMPREHENSIVE DIAGNOSTIC EVALUATION (QUANTITATIVE ANALYSIS OF OUTER HAIR CELL FUNCTION BY				\$20.50	
00092590		HEARING AID EXAMINATION AND SELECTION; MONAURAL				\$45.10	
00092591		BINAURAL				\$67.65	
00092592		HEARING AID CHECK; MONAURAL				\$16.40	

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CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	NON-FACILITY RATE	FACILITY RATE
00092593		BINAURAL (INTERNAL PRICING PRIOR TO 1-1-91. ENTERED 3-1-91)				\$24.60	
00092594		ELECTROACOUSTIC EVALUATION FOR HEARING AID; MONAURAL				\$16.40	
00092595		BINAURAL (INTERNAL PRICING PRIOR TO 1-1-91 ENTERED 2-2-91)				\$24.60	
00092596		EAR PROTECTOR ATTENUATION MEASUREMENTS				\$24.60	
00092597		EVALUATION FOR USE AND/OR FITTING OF VOICE PROSTHETIC DEVICE TO SUPPLEMENT ORAL SPEECH				\$86.10	\$51.05
00092601		DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, PATIENT UNDER 7 YEARS OF AGE; WITH PROGRAMMING				\$72.57	\$65.82

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CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	NON-FACILITY RATE	FACILITY RATE
00092602		DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, PATIENT UNDER 7 YEARS OF AGE; SUBSEQUENT REPROGRAMMING				\$50.43	\$42.61
00092603		DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, AGE 7 YEARS OR OLDER; WITH PROGRAMMING				\$47.97	\$43.26
00092604		DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, AGE 7 YEARS OR OLDER; SUBSEQUENT REPROGRAMMING				\$31.98	\$27.66
00092607		EVALUATION FOR PRESCRIPTION FOR SPEECH-GENERATING AUGMENTATIVE AND ALTERNATIVE COMMUNICATION DEVICE, FACE-TO-FACE WITH THE PATIENT; FIRST HOUR				\$68.06	

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CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	NON-FACILITY RATE	FACILITY RATE
00092608		EVALUATION FOR PRESCRIPTION FOR SPEECH-GENERATING AUGMENTATIVE AND ALTERNATIVE (LIST SEP. IN ADD.TO CODE FOR PRIMARY PROC.) (30 MIN UNIT OF SVS)				\$14.76	
00092609		THERAPEUTIC SERVICES FOR THE USE OF SPEECH-GENERATING DEVICE, INCLUDING PROGRAMMING AND MODIFICATION				\$34.03	
00092610		EVALUATION OF ORAL AND PHARYNGEAL SWALLOWING FUNCTION		MEDICAL REVIEW REQUIRED		\$71.75	\$44.19
00092611		MOTION FLUOROSCOPIC EVALUATION OF SWALLOWING FUNCTION BY CINE OR VIDEO RECORDING				\$71.75	
00092700		UNLISTED OTORHINOLARYNGOLOGICAL SERVICE OR PROCEDURE		REQUIRES DOCUMENTATION AND INVOICE			

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